RALEIGH ARTS COMMISSION
2017-2018 PARTNERSHIP INFORMATION FORM

For Innovation Grant Applications only. One form to be completed by each non-lead partner organization - duplicate as necessary.

Grant Applicant Name: _____

Partner Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ TTY: _____

Website: _____

Contact Person: _____ Title: _____

Phone: _____ Email: _____

Please provide the following information in the space provided below. (Do not send separate attachments.)

- Please summarize the mission and primary activities of your organization:

- Please summarize your organization's contribution to this project:

- Please summarize your organization's anticipated gain from this project:

CERTIFICATION OF PARTNER INFORMATION FORM

I certify that the information contained in this form is true and correct to the best of my knowledge.

_____ _____

Signature of Partner Organization Executive Director Date

_____

Name/Title